

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

Serial No:

Filing Date:

Applicant(s)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1		1				54						
5			1				55						
6	1						56						
7	1						57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12	1						62						
13	1						63						
14			1				64						
15			1				65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		1		1								
TOTAL DEP.	8		1		1								
TOTAL CLAIMS	15												